



Indiana Department of Environmental Management

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204

(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Michael R. Pence
Governor

Carol S. Comer
Commissioner

December 8, 2016

Kyle J. Haney, Auditor
Posey County
126 E 3rd St Rm 220
Mt. Vernon, Indiana 47620

Dear County Auditor:

Re: Geothermal Heating/Cooling Device
Pursuant to IC 6-1.1-12-34
Property Tax Deduction for
Sandra Stinnett
5724 Hartmann Rd
Mount Vernon, Indiana 47620
Parcel Number: 65-13-34-400-009.009-
019

The above referenced claim for a property tax deduction, attached State Form 18865 and supplemental attachments, submitted by the above referenced applicant, have been reviewed by this Office in accordance with IC 6-1.1-12-35.5. Please be advised that the heating/cooling system outlined in the claim for exemption (18865) qualifies as a geothermal system as defined in IC 6-1.1-12-34. The total amount of this claim shall be pursuant to IC 6-1.1-12-34(b). This certification does not include a determination as to the total actual or depreciated value of the claimed property.

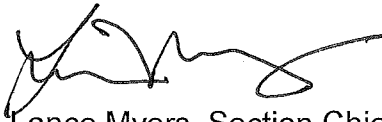
This certification is for the life of the installed equipment and does not need to be requested on an annual basis. However, when the equipment is no longer in service, the owner of the equipment for which this certification is made must give written confirmation to the assessor of the township or county in which the equipment is installed.

Additionally, this certification does not include a determination as to the timeliness of the claim nor whether the property claimed for exemption is real or personal property.



If you have any questions concerning this matter, you may contact Ms. Donna Palmer at (317) 233-0478.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lance Myers', with a stylized, flowing script.

Lance Myers, Section Chief
Operations Section
Office of Water Quality

Certification/Approval Number: 161151
Sandra Stinnett



STATEMENT FOR DEDUCTION OF ASSESSED VALUATION (Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)

State Form 18865 (R11 / 10-15)

Prescribed by the Department of Local Government Finance

FORM SES / WPD

INSTRUCTIONS: To be filed in person or by mail by the owner of such property with the County Auditor of the county in which the property is located. A person who is no longer eligible for this deduction shall notify the County Auditor of this change. (IC 6-1.1-12-36)

FILING DATES:

- (1) **Real Property:** Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed or postmarked on or before January 5 of the following calendar year.
- (2) **Mobile/Manufactured Home assessed under IC 6-1.1-7:** Must be completed, dated, and filed during the twelve (12) months before March 31 of the year the deduction is to be effective.
- (3) **State Distributable Property under IC 6-1.1-8 (solar powered device only):** Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year.
- (4) **Personal Property under IC 6-1.1-3 (solar powered device only):** Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year. In addition to filing this form for the deduction, an applicant must also attach a Form 103-SPD to either his personal property tax return or his amended personal property tax return for each year the deduction is desired.
(IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.1-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.5.

CERTIFICATION STATEMENT

I (We), Sandra Stinnett, certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and property taxation and for which a:

☐ Solar Energy Heating or Cooling System ☐ Wind Power Device ☒ Geothermal Device ☐ Hydroelectric Device

Solar Power Device*: ☐ Real ☐ Mobile/Manufactured Home ☐ State Distributable ☐ Personal Property

*Applies to a solar power device installed after December 31, 2011.

deduction from assessed valuation is hereby claimed in _____ county.

Date system/device was installed (month, day, year)

Total deduction claimed
\$

PROPERTY DESCRIPTION

Taxing District (city, town, township)	Township	Legal description or key number
If a deduction was allowed last year, have there been any changes in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel number <u>65-13-34-400-004004019</u>
Address of owner (number and street, city, state, and ZIP code)		
I (We) hereby certify that the above statement is true, correct, and complete. Signature <u>Sandra Stinnett</u>		Date (month, day, year) <u>12/2/16</u>

FOR AUDITOR'S USE ONLY

	Assessment Date First Effective 20 <u>12</u> Payable 20 <u>17</u>
1 Total assessed value of real property or mobile/manufactured home including qualifying device/system.	\$ <u>DEC 8</u>
2(a) For wind; geothermal; hydroelectric; real property or mobile/manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device/system.	<u>DEC 8</u>
2(b) For solar energy system only: Out-of-pocket expenditures for components and installation labor.	<u>DEC 8</u>
2(c) For personal property solar power device deduction: Enter amount calculated on Form 103-SPD.	<u>DEC 8</u>
2(d) For state distributable solar power device deduction: Enter assessed value of qualifying equipment.	<u>DEC 8</u>
3 Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).	<u>DEC 8</u>

VERIFICATION BY ASSESSING OFFICIAL

Is property recommended for deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended deduction	Comments, if any
Signature of assessing official	Printed name of assessing official	Date signed (month, day, year)

FINAL DETERMINATION OF COUNTY AUDITOR

Deduction determined by County Auditor for assessment date of _____, 20 _____ payable in 20 _____	FILED: Approved deduction <u>12-576</u> \$ _____ TAXES
Signature of county auditor	Printed name of county auditor <u>SARAH BETH MEIGHEN</u> POSEY COUNTY AUDITOR FILING PERIOD
Description or reasons for change:	Date signed (month, day, year)

Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, if any, or County Assessor
Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, if any, or County Assessor

PHONE # 812-985 0892KEY or PARCEL # 65-13-34-400-009009-019**GEOHERMAL HEATING & COOLING**

PLEASE COMPLETE THIS FORM SO AN ACCURATE ASSESSMENT OF YOUR GEOHERMAL HEATING & COOLING SYSTEM CAN BE MADE.

MAKE

Carrier

MODEL

69036SXXCDXX1XX1

SERIAL NUMBER

4815V2776

PLEASE CHECK ONE (1) BOX WHICH REPRESENTS YOUR SYSTEM.

*** PLEASE NOTE - 12,000 BTU = 1 TON

Date of Installation:

2/16/16*** **WITH DISTRIBUTION** MEANS DUCT WORK WITH FORCED AIR OR SOME WAY OF DISTRIBUTING AIR THROUGHOUT THE HOUSE**HORIZONTAL CLOSED LOOP SYSTEEM**

SYSTEM TONNAGE	HORIZONTAL CLOSED LOOP SYSTEM WITH DISTRIBUTION	SYSTEM TONNAGE	HORIZONTAL CLOSED LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON	✓	3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON		6 TON	

VERTICAL CLOSED LOOP SYSTEEM

SYSTEM TONNAGE	VERTICAL CLOSED LOOP SYSTEM WITH DISTRIBUTION	SYSTEM TONNAGE	VERTICAL CLOSED LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON		3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON		6 TON	

OPEN DISCHARGE OPEN LOOP SYSTEM

SYSTEM TONNAGE	OPEN DISCHARGE LOOP SYSTEM WITH DISTRIBUTION	SYSTEM TONNAGE	OPEN DISCHARGE LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON		3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON		6 TON	

RETURN WELL OPEN LOOP SYSTEM

SYSTEM TONNAGE	RETURN WELL OPEN LOOP SYSTEM WITH DISTRIBUTION	SYSTEM TONNAGE	RETURN WELL OPEN LOOP SYSTEM WITHOUT DISTRIBUTION
2 TON		2 TON	
2.5 TON		2.5 TON	
3 TON		3 TON	
3.5 TON		3.5 TON	
4 TON		4 TON	
5 TON		5 TON	
6 TON		6 TON	

FILED: 12-5/16 PLEASE RETURN FORM TO:**TAXES**PAYABLE _____
SARAH BETH MEIGHEN
POSEY COUNTY AUDITOR FILING PERIOD

ALLEN COUNTY AUDITOR'S OFFICE

ATTN:

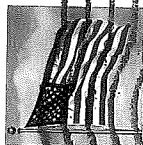
1 EAST MAIN ST. RM. 102
FORT WAYNE, IN 46802



Ms. Sandra Stinnett
5724 Hartmann Rd.
Mount Vernon, IN 47620

EVANSVILLE IN 477

05 DEC 2016 PM 3 L



INDIANA DEPT. of Environmental Management
Office of Water Quality
100 N. Senate Ave
65-40 Geothermal
Indianapolis, IN 46204

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